



1234567890

133823

**WASHINGTON STATE GAMBLING COMMISSION, P.O. BOX 42400, OLYMPIA, WA 98504-2400****(360) 486-3440**

NRA FOUNDATION INC/STATE FUND COMMITTEE

Client No: 00-22598

2708 N FREYA STREET

License No: 02-09146

**2019-2**

SPOKANE WA 99217

THIS REPORT COVERS THE PERIOD

**4/1/2019 - 6/30/2019****DUE DATE: 07/30/2019****RAFFLE****QUARTERLY LICENSE REPORT****ATTENTION: All amounts are in whole dollars.**

(1) Gross Gambling Receipts		\$330,890
(2) Total Prizes Awarded		\$153,512
(3) Donated Prizes		\$20,569
(4) Local Gambling Taxes		\$0
(5) Cash Over/Short	<input type="radio"/> Over <input checked="" type="radio"/> Short	\$0

	Gross Gambling Receipts	License Fee Rate	License Fee	Paid	
Base Fee				\$130	
2018-4	\$227,605	0.03380	\$1,935	\$1,870	
2019-1	\$348,220	0.03380	\$0		
2019-2	\$330,890	0.03380	\$0		
TOTAL	\$906,715		\$1,935	\$2,000	DUE NOW \$0

SIGNATURE AND VERIFICATION - I declare under the penalties of perjury that this report (including any accompanying statements or lists) has been examined by me and to the best of my knowledge and belief is true, correct and complete.

Name Marc Ueltschi  
Title President

Daytime Phone 3606877462  
Date 07/26/2019



1234567890

133822

**WASHINGTON STATE GAMBLING COMMISSION, P.O. BOX 42400, OLYMPIA, WA 98504-2400****(360) 486-3440**

NRA FOUNDATION INC/STATE FUND COMMITTEE

Client No: 00-22598

2708 N FREYA STREET

License No: 02-09146

**2019-1**

SPOKANE WA 98372

THIS REPORT COVERS THE PERIOD

**1/1/2019 - 3/31/2019****DUE DATE: 04/30/2019****RAFFLE****QUARTERLY LICENSE REPORT****ATTENTION: All amounts are in whole dollars.**[Error in gross gambling receipts reported in quarter one](#)

(1) Gross Gambling Receipts		\$348,220
(2) Total Prizes Awarded		\$139,855
(3) Donated Prizes		\$8,094
(4) Local Gambling Taxes		\$0
(5) Cash Over/Short	<input type="radio"/> Over <input checked="" type="radio"/> Short	\$0

	Gross Gambling Receipts	License Fee Rate	License Fee	Paid
Base Fee				\$130
2018-4	\$227,605	0.03380	\$1,935	\$1,870
2019-1	\$348,220	0.03380	\$0	
TOTAL	\$575,825		\$1,935	\$2,000

DUE NOW

\$0

SIGNATURE AND VERIFICATION - I declare under the penalties of perjury that this report (including any accompanying statements or lists) has been examined by me and to the best of my knowledge and belief is true, correct and complete.

Name Marc Ueltschi  
Title President

Daytime Phone 3606877462  
Date 07/03/2019



1234567890

133822

**WASHINGTON STATE GAMBLING COMMISSION, P.O. BOX 42400, OLYMPIA, WA 98504-2400**  
**(360) 486-3474**

NRA FOUNDATION INC/STATE FUND COMMITTEE

2708 N FREYA STREET

SPOKANE, WA 98372

Date: 4/23/2019

Class: Z

Client No: 00-22598

License No: 02-09146

City: 11

County: PIERCE

Effective Date - Expiration Date

10/01/2018 - 09/30/2019

**RAFFLE****2019-1****ANNUAL ACTIVITY REPORT****ATTENTION:** All amounts are in whole dollars.**DUE DATE: 04/30/2019**

## ANNUAL FINANCIAL INFORMATION

Modified Date 04/24/2019

(1) GROSS GAMBLING RECEIPTS

349920.00

(2) TOTAL PRIZES PAID (Purchased or Donated)

139855.00

(3) DONATED PRIZES (Record fair market value)  
(should also be part of line 2)

8094.00

(4) LOCAL GAMBLING TAX (Paid to City or County)

0.00

(5) CASH OVER/SHORT

☐ Over☒ Short

0.00

SIGNATURE AND VERIFICATION - I declare under the penalties of perjury that this report (including any accompanying statements or lists) has been examined by me and to the best of my knowledge and belief is true, correct and complete.

Name

Daytime Phone

Title

Date



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122627

**WASHINGTON STATE GAMBLING COMMISSION, P.O. BOX 42400, OLYMPIA, WA 98504-2400****(360) 486-3440**

NRA FOUNDATION INC/STATE FUND COMMITTEE

Client No: 00-22598

2708 N FREYA STREET

License No: 02-09146

**2018-3**

SPOKANE WA 98372

THIS REPORT COVERS THE PERIOD

**7/1/2018 - 9/30/2018****DUE DATE: 10/30/2018****RAFFLE**

## QUARTERLY ACTIVITY REPORT

**ATTENTION: All amounts are in whole dollars.**

(1) Gross Gambling Receipts		\$4,200
(2) Total Prizes Awarded		\$819
(3) Donated Prizes		\$0
(4) Local Gambling Taxes		\$0
(5) Cash Over/Short	<input type="radio"/> Over <input checked="" type="radio"/> Short	\$0

SIGNATURE AND VERIFICATION - I declare under the penalties of perjury that this report (including any accompanying statements or lists) has been examined by me and to the best of my knowledge and belief is true, correct and complete.

Name Marc Ueltschi  
Title President

Daytime Phone 3606877462  
Date 10/25/2018



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126402

**WASHINGTON STATE GAMBLING COMMISSION, P.O. BOX 42400, OLYMPIA, WA 98504-2400**  
**(360) 486-3440**

NRA FOUNDATION INC/STATE FUND COMMITTEE

10715 VALLEY AVE E

PMB 173

PUYALLUP WA 98372

Date: 7/30/2018

Client No: 00-22598

License No: 02-09146

City: 11

County: 27

Effective Date - Expiration Date

11/17/2017 - 09/30/2018

**RAFFLE****QUARTERLY LICENSE REPORT****Report Period: 11/17/2017 to 6/30/2018****ATTENTION: All amounts are in whole dollars.****DUE DATE: 07/30/2018**

(1) Gross Gambling Receipts	\$636,468
(2) Total Prizes Awarded	\$298,736
(3) Donated Prizes	\$63,170
(4) Local Gambling Taxes	\$0
(5) Cash Over/Short	<input type="radio"/> Over <input checked="" type="radio"/> Short

SIGNATURE AND VERIFICATION - I declare under the penalties of perjury that this report (including any accompanying statements or lists) has been examined by me and to the best of my knowledge and belief is true, correct and complete.

Name Marc  
Title Ueltschi

Daytime Phone 3606877462  
Date 07/30/2018



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117707

**WASHINGTON STATE GAMBLING COMMISSION, P.O. BOX 42400, OLYMPIA, WA 98504-2400**  
**(360) 486-3474**

NRA FOUNDATION INC/STATE FUND COMMITTEE  
10715 VALLEY AVE E  
PMB 173  
PUYALLUP, WA 98372

Date: 12/15/2017 Class: F  
Client No: 00-22598 License No: 02-09146  
City: 00 County: PIERCE  
Effective Date - Expiration Date  
11/17/2016 - 11/16/2017

## RAFFLE

### ANNUAL ACTIVITY REPORT

ATTENTION: All amounts are in whole dollars.

**DUE DATE: 12/16/2017**

#### ANNUAL FINANCIAL INFORMATION

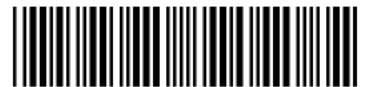
2017-4 Modified Date 12/15/2017

(1) GROSS GAMBLING RECEIPTS	\$669,970
(2) TOTAL PRIZES PAID (Purchased or Donated)	\$292,325
(3) DONATED PRIZES (Record fair market value) (should also be part of line 2)	\$9,500
(4) LOCAL GAMBLING TAX (Paid to City or County)	\$0
(5) CASH OVER/SHORT	<input type="checkbox"/> Over <input checked="" type="checkbox"/> Short \$0

SIGNATURE AND VERIFICATION - I declare under the penalties of perjury that this report (including any accompanying statements or lists) has been examined by me and to the best of my knowledge and belief is true, correct and complete.

Name Marc Ueltschi  
Title President

Daytime Phone 360-687-7462  
Date 12/15/2017



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**WASHINGTON STATE GAMBLING COMMISSION, P.O. BOX 42400, OLYMPIA, WA 98504-2400**  
**(360) 486-3474**

NRA FOUNDATION INC/STATE FUND COMMITTEE  
10715 VALLEY AVE E  
PMB 173  
PUYALLUP, WA 98372

Date: 12/12/2016 Class: F  
Client No: 00-22598 License No: 02-09146  
City: 00 County: PIERCE  
Effective Date - Expiration Date  
11/17/2015 - 11/16/2016

## RAFFLE

### ANNUAL ACTIVITY REPORT

ATTENTION: All amounts are in whole dollars.

**DUE DATE: 12/16/2016**

#### ANNUAL FINANCIAL INFORMATION

2016-4 Modified Date 12/12/2016

(1) GROSS GAMBLING RECEIPTS	\$624,149
(2) TOTAL PRIZES PAID (Purchased or Donated)	\$191,448
(3) DONATED PRIZES (Record fair market value) (should also be part of line 2)	\$0
(4) LOCAL GAMBLING TAX (Paid to City or County)	\$0
(5) CASH OVER/SHORT	<input type="checkbox"/> Over <input checked="" type="checkbox"/> Short \$0

SIGNATURE AND VERIFICATION - I declare under the penalties of perjury that this report (including any accompanying statements or lists) has been examined by me and to the best of my knowledge and belief is true, correct and complete.

Name Marc Ueltschi  
Title President

Daytime Phone 360-687-7462  
Date 12/12/2016



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109739

**WASHINGTON STATE GAMBLING COMMISSION, P.O. BOX 42400, OLYMPIA, WA 98504-2400**  
**(360) 486-3474**

NRA FOUNDATION INC/STATE FUND COMMITTEE

2708 N FREYA STREET

SPOKANE, WA 98372

Date: 12/11/2015

Class: F

Client No: 00-22598

License No: 02-09146

City: 00

County: PIERCE

Effective Date - Expiration Date

11/17/2014 - 11/16/2015

**RAFFLE****ANNUAL ACTIVITY REPORT****ATTENTION:** All amounts are in whole dollars.**DUE DATE: 12/16/2015**

## ANNUAL FINANCIAL INFORMATION

2015-4 Modified Date 12/11/2015

(1) GROSS GAMBLING RECEIPTS

\$522,856

(2) TOTAL PRIZES PAID (Purchased or Donated)

\$166,744

(3) DONATED PRIZES (Record fair market value)  
(should also be part of line 2)

\$0

(4) LOCAL GAMBLING TAX (Paid to City or County)

\$0

(5) CASH OVER/SHORT

☐ Over☒ Short

\$0

SIGNATURE AND VERIFICATION - I declare under the penalties of perjury that this report (including any accompanying statements or lists) has been examined by me and to the best of my knowledge and belief is true, correct and complete.

Name Michael Herrera  
Title Manager

Daytime Phone (360) 355-6213  
Date 12/11/2015





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105739

**WASHINGTON STATE GAMBLING COMMISSION, P.O. BOX 42400, OLYMPIA, WA 98504-2400**  
**(360) 486-3474**

NRA FOUNDATION INC/STATE FUND COMMITTEE

2708 N FREYA STREET

SPOKANE, WA 98372

Date: 12/16/2014

Class: F

Client No: 00-22598

License No: 02-09146

City: 00

County: PIERCE

Effective Date - Expiration Date

11/17/2013 - 11/16/2014

**RAFFLE****ANNUAL ACTIVITY REPORT****ATTENTION:** All amounts are in whole dollars.**DUE DATE: 12/16/2014**

## ANNUAL FINANCIAL INFORMATION

2014-4 Modified Date 12/16/2014

(1) GROSS GAMBLING RECEIPTS

\$357,412

(2) TOTAL PRIZES PAID (Purchased or Donated)

\$174,854

(3) DONATED PRIZES (Record fair market value)  
(should also be part of line 2)

\$0

(4) LOCAL GAMBLING TAX (Paid to City or County)

\$0

(5) CASH OVER/SHORT

☐ Over☒ Short

\$0

SIGNATURE AND VERIFICATION - I declare under the penalties of perjury that this report (including any accompanying statements or lists) has been examined by me and to the best of my knowledge and belief is true, correct and complete.

Name Allen G. Campbell

Title Treasurer

Daytime Phone 360-254-4946

Date 12/16/2014



102597

**WASHINGTON STATE GAMBLING COMMISSION, P.O. BOX 42400, OLYMPIA, WA 98504-2400**  
**(360) 486-3474**

NRA FOUNDATION INC/STATE FUND COMMITTEE

E 3419 4TH CT

MEAD, WA 99021

Date: 12/13/2013

Class: F

Client No: 00-22598

License No: 02-09146

City: 00

County: SPOKANE

THIS REPORT COVERS THE PERIOD

11/17/2012 - 11/16/2013

**RAFFLE****ANNUAL ACTIVITY REPORT****ATTENTION:** All amounts are in whole dollars.**DUE DATE: 12/16/2013**

## ANNUAL FINANCIAL INFORMATION

(1) GROSS GAMBLING RECEIPTS

\$629,936

(2) TOTAL PRIZES PAID (Purchased or Donated)

\$335,017

(3) DONATED PRIZES (Record fair market value)  
(should also be part of line 2)

\$0

(4) LOCAL GAMBLING TAX (Paid to City or County)

\$0

(5) CASH OVER/SHORT

☐ Over☒ Short

\$0

SIGNATURE AND VERIFICATION - I declare under the penalties of perjury that this report (including any accompanying statements or lists) has been examined by me and to the best of my knowledge and belief is true, correct and complete.

Name Kefier Lewis  
Title Manager

Daytime Phone (253) 778-3068

Date 12/13/2013



97521

**WASHINGTON STATE GAMBLING COMMISSION, P.O. BOX 42400, OLYMPIA, WA 98504-2400**  
**(360) 486-3474**

NRA FOUNDATION INC/STATE FUND COMMITTEE

E 3419 4TH CT

MEAD, WA 99021

Date: 11/28/2012

Class: F

Client No: 00-22598

License No: 02-09146

City: 00

County: SPOKANE

THIS REPORT COVERS THE PERIOD

11/17/2011 - 11/16/2012

**RAFFLE****ANNUAL ACTIVITY REPORT****ATTENTION:** All amounts are in whole dollars.**DUE DATE: 12/16/2012**

## ANNUAL FINANCIAL INFORMATION

(1) GROSS GAMBLING RECEIPTS

\$434,377

(2) TOTAL PRIZES PAID (Purchased or Donated)

\$204,115

(3) DONATED PRIZES (Record fair market value)  
(should also be part of line 2)

\$0

(4) LOCAL GAMBLING TAX (Paid to City or County)

\$0

(5) CASH OVER/SHORT

☐ Over☒ Short

\$0

SIGNATURE AND VERIFICATION - I declare under the penalties of perjury that this report (including any accompanying statements or lists) has been examined by me and to the best of my knowledge and belief is true, correct and complete.

Name Keifer Lewis  
Title Manager

Daytime Phone (253) 778-3068

Date 11/28/2012

**WASHINGTON STATE GAMBLING COMMISSION**

Location: 4565 7th Avenue SE, Lacey WA 98503  
Mailing Address: P.O. Box 42400, Olympia WA 98504-2400  
Telephone: 360-486-3440 / Fax Number: 360-407-3778  
Toll-Free: 1-800-345-2529 / TDD: 360-486-3637  
Web Site: [www.wsgc.wa.gov](http://www.wsgc.wa.gov)

## ANNUAL RENEWAL APPLICATION FOR NON PROFIT BUSINESS

NRA FOUNDATION INC/STATE FUND  
COMMITTEE  
11250 WAPLES MILL RD  
FAIRFAX VA 22030


[WAC 230-06-125](#) requires you to submit your application and fees at least 15 days in advance of the license expiration date to allow sufficient time for mailing and processing. Failure to do so may jeopardize your gambling license.

☐ If mailing or premise address has changed, please check box and complete section on page 3.

**YOUR GAMBLING LICENSE(S) WILL EXPIRE ON November 16, 2014**

Organization Number: 00-22598

Closely review the past records to ensure that our class level of the gambling activity matches your organization. To upgrade your license class, please refer to the fee schedule (<http://www.wsgc.wa.gov/forms/apps/5-055-fs-nonprofit-fee-schedule.pdf>) and contact us prior to renewing the license at 800-345-2529 or 360-486-3440, Ext. 2332.

License Type	License Number	License Class	Payment Due Date	Full Amount Due	<a href="#">2-Part Payment Option *</a> (\$27 Fee Applies)	
RAFFLE 	02-09146	F	11/01/2014	\$1,632	1st	\$845.00
	<input type="checkbox"/> Change license class	New Class:		New Class Amt: \$	2nd	\$816.00

\* Option will show if eligible.

**AMOUNT PAID: \$** \_\_\_\_\_

021102



**Remember, it is your responsibility to report any changes to the information filed with your original or renewal applications. Please see our website at <http://www.wsgc.wa.gov/forms/apps/5-018-license-application-reporting-summary.pdf> for reporting requirements.**

Any changes to the following have to be reported within 30 days:

- Loans
- Articles of Incorporation
- Leases
- Bylaws
- IRS Exemption Status

1. Does the jurisdiction in which you operate allow the gambling activities you offer? ☐ Yes ☐ No
2. Do you have ANY local, state, or federal tax liens? ☐ Yes ☐ No
3. Have you had your IRS exempt status changed, denied or revoked? ☐ Yes ☐ No
4. Have you had your gambling application/license denied, revoked or suspended? ☐ Yes ☐ No
5. Do you have at least 15 voting members? ☐ Yes ☐ No
6. How many general membership meetings has your organization held during your last fiscal year?

### YOUR APPLICATION AND THE PUBLIC RECORDS ACT

From the moment we receive your application, it becomes a public document subject to disclosure under the Public Records Act ([RCW 42.56](#)) and other Washington laws.

### OATH OF APPLICATION

I declare under penalty of perjury, under the laws of the State of Washington, that all information provided on this application is true and complete to the best of my knowledge. **I understand that untruthful, misleading, or incomplete answers whether through misrepresentation, concealment, inadvertence, or mistake, are cause for suspension or revocation of any gambling license(s) currently held, or denial of any future applications for a new license.**

I understand that I am responsible to know and comply with all rules and laws, [RCW 9.46](#) and [WAC 230](#), which can be found on the Internet websites of the [Washington State Gambling Commission](#) or the [Washington State Legislature](#).

### HIGHEST-RANKING INDIVIDUAL:

➤Print Name and Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date:

### ORGANIZATION TELEPHONE NUMBERS AND EMAIL ADDRESS:

Telephones: -- Organization's Business Number -- Gambling Premises Number  
-- Organization's Fax Number

Email Address:   
@

**ADDRESS CHANGE:** ☐ Premise Address ☐ Mailing Address

Address 1:

Address 2:

City:  State:  Zip:

### APPLICATION PREPARED BY:

Print Name: \_\_\_\_\_

Primary Phone: -- Cell Phone: --

**For more information on renewals, visit <http://www.wsgc.wa.gov/forms/what-to-know.aspx> for:**

- Tidbits and Reminders
- Public Disclosure
- Training requirements
- Online Services
- 2-part payment options
- Reporting Requirements



**WASHINGTON STATE GAMBLING COMMISSION**

Location: 4565 7th Avenue SE, Lacey WA 98503  
Mailing Address: P.O. Box 42400, Olympia WA 98504-2400  
Telephone: 360-486-3440 / Fax Number: 360-407-3778  
Toll-Free: 1-800-345-2529 / TDD: 360-486-3637  
Web Site: [www.wsgc.wa.gov](http://www.wsgc.wa.gov)

## ANNUAL RENEWAL APPLICATION FOR NON PROFIT BUSINESS

NRA FOUNDATION INC/STATE FUND  
COMMITTEE  
11250 WAPLES MILL RD  
FAIRFAX VA 22030


[WAC 230-06-125](#) requires you to submit your application and fees at least 15 days in advance of the license expiration date to allow sufficient time for mailing and processing. Failure to do so may jeopardize your gambling license.

☐ If mailing or premise address has changed, please check box and complete section on page 3.

**YOUR GAMBLING LICENSE(S) WILL EXPIRE ON November 16, 2015**

Organization Number: 00-22598

Closely review the past records to ensure that our class level of the gambling activity matches your organization. To upgrade your license class, please refer to the fee schedule ( <http://www.wsgc.wa.gov/forms/apps/5-055-fs-nonprofit-fee-schedule.pdf>) and contact us prior to renewing the license at 800-345-2529 or 360-486-3440, Ext. 2332.

License Type	License Number	License Class	Payment Due Date	Full Amount Due	<a href="#">2-Part Payment Option *</a> (\$29 Fee Applies)	
RAFFLE 	02-09146 <input type="checkbox"/> Change license class	F New Class:	11/01/2015	\$1,632 New Class Amt: \$	1st 2nd	\$845.00 \$816.00

\* Option will show if eligible.

**AMOUNT PAID: \$** \_\_\_\_\_

021102

You can now renew your license(s) on-line using My Account. Below is your log-in information. If you need help signing in, contact the Organizations Unit at (360) 486-3606 ext. 2332.

Sign in ID: 00-22598  
Password: 7AD7BCA4

Please note: After 7-1-15, you would need to go online to submit your Activity Report(s) and your License Renewal(s), unless you obtain a waiver from us. So, it is important for you to provide us with an updated email address and maintain contact with us. Please let us know, if you have questions about this new requirement.



**1. LIST OF OFFICERS: PLEASE PROVIDE LEGAL FULL NAME.**

**a. President or Equivalent:**

Last Name: \_\_\_\_\_  
First Name: \_\_\_\_\_  
Middle Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Home Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
City State Zip  
Telephone: \_\_\_\_\_  
Home: \_\_\_\_-\_\_\_\_-\_\_\_\_ Work: \_\_\_\_-\_\_\_\_-\_\_\_\_

**b. Treasurer:**

Last Name: \_\_\_\_\_  
First Name: \_\_\_\_\_  
Middle Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Home Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
City State Zip  
Telephone: \_\_\_\_\_  
Home: \_\_\_\_-\_\_\_\_-\_\_\_\_ Work: \_\_\_\_-\_\_\_\_-\_\_\_\_

**c. Chairman of the Board:**

Last Name: \_\_\_\_\_  
First Name: \_\_\_\_\_  
Middle Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Home Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
City State Zip  
Telephone: \_\_\_\_\_  
Home: \_\_\_\_-\_\_\_\_-\_\_\_\_ Work: \_\_\_\_-\_\_\_\_-\_\_\_\_

**2. WAC 230-06-105 requires that you give us a list of all board members at renewal time. Attach a list of board members with legal full name, date of birth, address, and home and work phone numbers.**

**3. PRIMARY GAMBLING ACTIVITY MANAGER(S):** (Complete one for each separate gambling activity. If more than one (1) separate activity manager, provide information by attachment.)

Last Name: \_\_\_\_\_  
First Name: \_\_\_\_\_  
Middle Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Have Gambling Commission training requirements been completed by this individual? ☐ Yes ☐ No  
Gambling Activity: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
City State Zip  
Telephone: Home: \_\_\_\_-\_\_\_\_-\_\_\_\_ Work: \_\_\_\_-\_\_\_\_-\_\_\_\_

**Remember, it is your responsibility to report any changes to the information filed with your original or renewal applications. Please see our website at <http://www.wsgc.wa.gov/forms/apps/5-018-license-application-reporting-summary.pdf> for reporting requirements.**

Any changes to the following have to be reported within 30 days:

- Loans
- Articles of Incorporation
- Leases
- Bylaws
- IRS Exemption Status

1. Does the jurisdiction in which you operate allow the gambling activities you offer? ☐ Yes ☐ No
2. Do you have ANY local, state, or federal tax liens? ☐ Yes ☐ No
3. Have you had your IRS exempt status changed, denied or revoked? ☐ Yes ☐ No
4. Have you had your gambling application/license denied, revoked or suspended? ☐ Yes ☐ No
5. Do you have at least 15 voting members? ☐ Yes ☐ No
6. How many general membership meetings has your organization held during your last fiscal year?

### YOUR APPLICATION AND THE PUBLIC RECORDS ACT

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### OATH OF APPLICATION

I declare under penalty of perjury, under the laws of the State of Washington, that all information provided on this application is true and complete to the best of my knowledge. **I understand that untruthful, misleading, or incomplete answers whether through misrepresentation, concealment, inadvertence, or mistake, are cause for suspension or revocation of any gambling license(s) currently held, or denial of any future applications for a new license.**

I understand that I am responsible to know and comply with all rules and laws, [RCW 9.46](#) and [WAC 230](#), which can be found on the Internet websites of the [Washington State Gambling Commission](#) or the [Washington State Legislature](#).

### HIGHEST-RANKING INDIVIDUAL:

➤Print Name and Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date:

### ORGANIZATION TELEPHONE NUMBERS AND EMAIL ADDRESS:

Telephones: -- Organization's Business Number -- Gambling Premises Number  
-- Organization's Fax Number

Email Address:   
@

### ADDRESS CHANGE:

☐ Premise Address

☐ Mailing Address

Address 1:

Address 2:

City:  State:  Zip:

### APPLICATION PREPARED BY:

Print Name: \_\_\_\_\_

Primary Phone: -- Cell Phone: --

**For more information on renewals, visit <http://www.wsgc.wa.gov/forms/what-to-know.aspx> for:**

- Tidbits and Reminders
- Public Disclosure
- Training requirements
- Online Services
- 2-part payment options
- Reporting Requirements

SUBJECT: ONLINE FILING AND PAYMENT

Dear Licensee:

Effective July 1, 2015, all licensees must submit renewal applications with fees and activity reports online through My Account. This is based on a new rule, WAC 230-06-124, and changes to WAC 230-06-125, which are enclosed for your reference.

We will email you notices when it is time to renew your license or submit your activity reports online. You must make sure we have an updated email address. You can update your email address in My Account. If you need assistance using My Account, please call us at 800-345-2529 or 360-486-3440.

You can request a waiver from these requirements if you can show good cause. The waiver must be submitted, in writing, no later than 60 days before your activity report due date or license expiration date.

If you need a waiver, you can request one by indicating the good cause reasons: (check one box)

- ☐ You do not have access to the internet using their own computer or similar equipment; or
- ☐ You do not have a bank account; or
- ☐ Your bank is unable to send electronic fund transactions; or
- ☐ Some other circumstance or condition that prevents completing these transactions online

Please explain: \_\_\_\_\_

*If you do not need a waiver, no further action is required if you have an accurate email address on file with us.*

Please provide us with your current information below:

License Number: \_\_\_\_\_ - \_\_\_\_\_

Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

You may use this letter to request a waiver from online submission. An envelope has been included for your convenience.

If you have any questions, please call 800-345-2529 or 360-486-3440. Thank you.



**1. LIST OF OFFICERS: PLEASE PROVIDE LEGAL FULL NAME.**

**a. President or Equivalent:**

Last Name: \_\_\_\_\_  
First Name: \_\_\_\_\_  
Middle Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Home Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
City State Zip  
Telephone: \_\_\_\_\_  
Home: \_\_\_\_-\_\_\_\_-\_\_\_\_ Work: \_\_\_\_-\_\_\_\_-\_\_\_\_

**b. Treasurer:**

Last Name: \_\_\_\_\_  
First Name: \_\_\_\_\_  
Middle Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Home Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
City State Zip  
Telephone: \_\_\_\_\_  
Home: \_\_\_\_-\_\_\_\_-\_\_\_\_ Work: \_\_\_\_-\_\_\_\_-\_\_\_\_

**c. Chairman of the Board:**

Last Name: \_\_\_\_\_  
First Name: \_\_\_\_\_  
Middle Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Home Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
City State Zip  
Telephone: \_\_\_\_\_  
Home: \_\_\_\_-\_\_\_\_-\_\_\_\_ Work: \_\_\_\_-\_\_\_\_-\_\_\_\_

**2. WAC 230-06-105 requires that you give us a list of all board members at renewal time. Attach a list of board members with legal full name, date of birth, address, and home and work phone numbers.**

**3. PRIMARY GAMBLING ACTIVITY MANAGER(S):** (Complete one for each separate gambling activity. If more than one (1) separate activity manager, provide information by attachment.)

Last Name: \_\_\_\_\_  
First Name: \_\_\_\_\_  
Middle Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Have Gambling Commission training requirements been completed by this individual? ☐ Yes ☐ No  
Gambling Activity: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
City State Zip  
Telephone: Home: \_\_\_\_-\_\_\_\_-\_\_\_\_ Work: \_\_\_\_-\_\_\_\_-\_\_\_\_

<http://www.wsgc.wa.gov/forms/apps/5-018-license-application-reporting-summary.pdf> for reporting requirements.

Any changes to the following have to be reported within 30 days:

- Loans
- Articles of Incorporation
- Leases
- Bylaws
- IRS Exemption Status

1. Does the jurisdiction in which you operate allow the gambling activities you offer? ☐ Yes ☐ No
2. Do you have ANY local, state, or federal tax liens? ☐ Yes ☐ No
3. Have you had your IRS exempt status changed, denied or revoked? ☐ Yes ☐ No
4. Have you had your gambling application/license denied, revoked or suspended? ☐ Yes ☐ No
5. Do you have at least 15 voting members? ☐ Yes ☐ No
6. How many general membership meetings has your organization held during your last fiscal year?

## YOUR APPLICATION AND THE PUBLIC RECORDS ACT

From the moment we receive your application, it becomes a public document subject to disclosure under the Public Records Act ([RCW 42.56](#)) and other Washington laws.

## OATH OF APPLICATION

I declare under penalty of perjury, under the laws of the State of Washington, that all information provided on this application is true and complete to the best of my knowledge. **I understand that untruthful, misleading, or incomplete answers whether through misrepresentation, concealment, inadvertence, or mistake, are cause for suspension or revocation of any gambling license(s) currently held, or denial of any future applications for a new license.**

I understand that I am responsible to know and comply with all rules and laws, [RCW 9.46](#) and [WAC 230](#), which can be found on the Internet websites of the [Washington State Gambling Commission](#) or the [Washington State Legislature](#).

**HIGHEST-RANKING INDIVIDUAL:**

➤ Print Name and Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**ORGANIZATION TELEPHONE NUMBERS AND EMAIL ADDRESS:**

[illegible]

**ADDRESS CHANGE:**

☐ Premise Address                      ☐ Mailing Address

Address 1: |

Address 2: |

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**APPLICATION PREPARED BY:**

Print Name: \_\_\_\_\_

Primary Phone: | | | | - | | | | - | | | | Cell Phone: | | | | - | | | | - | | | |

**For more information on renewals, visit <http://www.wsgc.wa.gov/forms/what-to-know.aspx> for:**

- Tidbits and Reminders
- Online Services
- Public Disclosure
- 2-part payment options
- Training requirements
- Reporting Requirements

SUBJECT: ONLINE FILING AND PAYMENT

Dear Licensee:

Effective July 1, 2015, all licensees must submit renewal applications with fees and activity reports online through My Account. This is based on a new rule, WAC 230-06-124, and changes to WAC 230-06-125, which are enclosed for your reference.

We will email you notices when it is time to renew your license or submit your activity reports online. You must make sure we have an updated email address. You can update your email address in My Account. If you need assistance using My Account, please call us at 800-345-2529 or 360-486-3440.

You can request a waiver from these requirements if you can show good cause. The waiver must be submitted, in writing, no later than 60 days before your activity report due date or license expiration date.

If you need a waiver, you can request one by indicating the good cause reasons: (check one box)

- ☐ You do not have access to the internet using their own computer or similar equipment; or
- ☐ You do not have a bank account; or
- ☐ Your bank is unable to send electronic fund transactions; or
- ☐ Some other circumstance or condition that prevents completing these transactions online

Please explain: \_\_\_\_\_

*If you do not need a waiver, no further action is required if you have an accurate email address on file with us.*

Please provide us with your current information below:

License Number: \_\_\_\_\_ - \_\_\_\_\_

Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

You may use this letter to request a waiver from online submission. An envelope has been included for your convenience.

If you have any questions, please call 800-345-2529 or 360-486-3440. Thank you.



# WASHINGTON STATE GAMBLING COMMISSION

Location: 4565 7th Avenue SE, Lacey WA 98503  
Mailing Address: P.O. Box 42400, Olympia WA 98504-2400  
Telephone: 360-486-3440 / Fax Number: 360-486-3631  
In-State Toll-Free: 1-800-345-2529 / TDD: 360-486-3637  
Web Site: [www.wsgc.wa.gov](http://www.wsgc.wa.gov)

## ANNUAL RENEWAL APPLICATION FOR NON PROFIT BUSINESS

NRA FOUNDATION INC/STATE FUND  
COMMITTEE  
10715 VALLEY AVE E  
PMB 173  
PUYALLUP WA 98372


[WAC 230-06-125](#) requires you to submit your application and fees at least 15 days in advance of the license expiration date.

☐ If mailing or premise address has changed, please check box and complete section on page 3.

**YOUR GAMBLING LICENSE(S) WILL EXPIRE ON November 16, 2017**

Organization Number: 00-22598

Closely review the past records to ensure that our class level of the gambling activity matches your organization. To upgrade your license class, please refer to the [fee schedule](#) and contact the Licensing Unit prior to renewing the license at 800-345-2529 or 360-486-3440, Ext. 2332.

License Type	License Number	License Class	Payment Due Date	Full Amount Due	<a href="#">2-Part Payment Option</a> * (\$29 Fee Applies)	
RAFFLE 	02-09146	F	11/01/2017	\$1,360	1st	\$709.00
	<input type="checkbox"/> Change license class	New Class:		New Class Amt: \$	2nd	\$680.00

\* Option will show if eligible.

**AMOUNT PAID: \$**

021102

See [WAC 230-05-015](#) regarding your second-half payment. You are responsible for paying for the full license year, regardless of the status of your business.

You can now renew your license(s) on-line using My Account through Secure Access Washington (SAW). [For complete instructions click here](#). Once you have registered, you will be asked to enter a PIN number on the 'Service Registration' page. This number is on your 'My Account Introduction' form. If you need help signing in, contact the Licensing Unit at 800-345-2529 or (360) 486-3440 ext. 2332.

Please note: WAC 230-06-124 requires that you go online to submit your License Renewal(s), unless you obtain a waiver from us. So, it is important for you to provide us with an updated email address and maintain contact with us. Once you have requested a waiver and it has been approved, another request will not be needed. With the waiver, you may continue to mail in paper reports.



**1. LIST OF OFFICERS: PLEASE PROVIDE LEGAL FULL NAME.**

**a. President (or Equivalent):**

Last Name: \_\_\_\_\_  
First Name: \_\_\_\_\_  
Middle Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Home Address: \_\_\_\_\_  
\_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City State Zip  
Telephone:  
Home: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_|Work: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Cell: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

**b. Treasurer (or Equivalent):**

Last Name: \_\_\_\_\_  
First Name: \_\_\_\_\_  
Middle Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Home Address: \_\_\_\_\_  
\_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City State Zip  
Telephone:  
Home: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_|Work: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Cell: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

**c. Chairman of the Board (or Equivalent):**

Last Name: \_\_\_\_\_  
First Name: \_\_\_\_\_  
Middle Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Home Address: \_\_\_\_\_  
\_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City State Zip  
Telephone:  
Home: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_|Work: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Cell: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

**2. ACTIVITY MANAGER(S) FOR EACH GAMBLING ACTIVITY (Attach additional sheets if necessary.):**

Last Name: \_\_\_\_\_  
First Name: \_\_\_\_\_  
Middle Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Have Gambling Commission training requirements been completed by this individual? ☐ Yes ☐ No  
Gambling Activity: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
\_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City State Zip  
Telephone: Home: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_|Work: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Cell: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

**Remember, it is your responsibility to report any changes to the information filed with your original or renewal applications. Please see our website at**

<http://www.wsgc.wa.gov/forms/apps/5-018-license-application-reporting-summary.pdf> **for reporting requirements.**

Any changes to the following have to be reported within 30 days:

- Loans
- Articles of Incorporation
- Leases
- Bylaws

1. Does the jurisdiction in which you operate allow the gambling activities you offer? ☐ Yes ☐ No
2. Do you have ANY local, state, or federal tax liens? ☐ Yes ☐ No
3. Have you had your IRS exempt status changed, denied or revoked? ☐ Yes ☐ No
4. Have you had your gambling application/license denied, revoked or suspended? ☐ Yes ☐ No
5. How many general membership meetings has your organization held during your last fiscal year?

**ORGANIZATION TELEPHONE NUMBERS AND EMAIL ADDRESS:**

Telephones: -- Organization's Business Number -- Gambling Premises Number  
-- Organization's Fax Number

Email Address:   
@

**ADDRESS CHANGE:** ☐ Premise Address ☐ Mailing Address

Address 1:

Address 2:

City:  State:  Zip:

**OATH OF APPLICATION**

I declare under penalty of perjury, under the laws of the State of Washington, that all information provided on this application is true and complete to the best of my knowledge. **I understand that untruthful, misleading, or incomplete answers whether through misrepresentation, concealment, inadvertence, or mistake, are cause for suspension or revocation of any gambling license(s) currently held, or denial of any future applications for a new license.**

I understand that I am responsible to know and comply with all rules and laws, [RCW 9.46](#) and [WAC 230](#), which can be found on the Internet websites of the [Washington State Gambling Commission](#) or the [Washington State Legislature](#).

Full Legal Name and signature of Highest-Ranking Individual:

Last Name:   
First Name:  Middle Name:

Signature: \_\_\_\_\_  
(President or Equivalent)

Date: / /   
MM DD YYYY

**YOUR APPLICATION AND THE PUBLIC RECORDS ACT**

From the moment we receive your application, it becomes a public document subject to disclosure under the Public Records Act ([RCW 42.56](#)) and other Washington laws. The Commission may disclose to the public, other state or federal agencies, or discuss at a public meeting all information set forth in this application and all supplemental information submitted

**APPLICATION PREPARED BY:**

Last Name:   
First Name:  Middle Name:   
Primary Phone: -- Cell Phone: --  
E-Mail Address:   
@

SUBJECT: ONLINE FILING AND PAYMENT

Dear Licensee:

Effective July 1, 2015, all licensees must submit renewal applications with fees and activity reports online through My Account. This is based on a new rule, WAC 230-06-124, and changes to WAC 230-06-125, which are enclosed for your reference.

We will email you notices when it is time to renew your license or submit your activity reports online. You must make sure we have an updated email address. You can update your email address in My Account. If you need assistance using My Account, please call us at 800-345-2529 or 360-486-3440.

You can request a waiver from these requirements if you can show good cause. The waiver must be submitted, in writing, no later than 60 days before your activity report due date or license expiration date.

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- ☐ You do not have access to the internet using their own computer or similar equipment; or
- ☐ You do not have a bank account; or
- ☐ Your bank is unable to send electronic fund transactions; or
- ☐ Some other circumstance or condition that prevents completing these transactions online

Please explain: \_\_\_\_\_

*If you do not need a waiver, no further action is required if you have an accurate email address on file with us.*

Please provide us with your current information below:

License Number: \_\_\_\_\_ - \_\_\_\_\_

Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

You may use this letter to request a waiver from online submission. An envelope has been included for your convenience.

If you have any questions, please call 800-345-2529 or 360-486-3440. Thank you.

**WASHINGTON STATE GAMBLING COMMISSION**

Location: 4565 7th Avenue SE, Lacey WA 98503

Mailing Address: P.O. Box 42400, Olympia WA 98504-2400

Telephone: 360-486-3440 / Fax Number: 360-486-3631

In-State Toll-Free: 1-800-345-2529 / TDD: 360-486-3637

Web Site: [www.wsgc.wa.gov](http://www.wsgc.wa.gov)**ANNUAL RENEWAL APPLICATION FOR NON PROFIT ORGANIZATION**

NRA FOUNDATION INC/STATE FUND  
COMMITTEE  
10715 VALLEY AVE E  
PMB 173  
PUYALLUP WA 98372

**YOUR GAMBLING LICENSE(S) WILL EXPIRE ON September 30, 2018**


Organization Number: 00-22598

Pin Number: **3C**

Premises Address: 1617 E MAIN N106  
City: PUYALLUP State: WA Zip: 98372  
Business Mailing Address: 10715 VALLEY AVE E PMB 173  
City: PUYALLUP State: WA Zip: 98372  
Telephone Primary: (360) 355-6213 Alternate: FAX:  
WA State Dept. of Revenue's UBI #: **1E, 1F** (509) 953-3378 (703) 267-3985

☐ if any of the above information is incorrect, please check box and complete the 'Changes' section on page 3.

1. Do you have ANY local, state, or federal tax liens? ☐ Yes ☐ No  
2. Have you had your IRS exempt status changed, denied or revoked? ☐ Yes ☐ No  
3. How many general membership meetings has your organization held during your last fiscal year?

License Type	License Number	Payment Due Date	Base License Fee
RAFFLE 	02-09146	09/15/2018	\$ 65

**TOTAL AMOUNT DUE: \$ 65**

In addition to the Base License Fee, you will be required to submit a Quarterly Licensing Report with a fee calculated from your Gross Gambling Receipts within 30 days from end of each quarter. See WACs 230-05-106, 230-05-112, 230-05-116, 230-05-122, and 230-05-124 (<http://apps.leg.wa.gov/WAC/default.aspx?cite=230-05>).

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**LIST OF OFFICERS: Please Provide Full Legal Name**

All officers and managers listed on the application must submit proof of identity such as a copy of: a valid driver's license, a state identification card, or valid passport.

**1. President (or Equivalent):**

Last Name: \_\_\_\_\_  
First Name: \_\_\_\_\_  
Middle Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Home Address: \_\_\_\_\_  
(Street Address)  
City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_  
Telephone: \_\_\_\_\_  
Home: \_\_\_\_-\_\_\_\_-\_\_\_\_ Work: \_\_\_\_-\_\_\_\_-\_\_\_\_  
Cell : \_\_\_\_-\_\_\_\_-\_\_\_\_

**2. Treasurer (or Equivalent):**

Last Name: \_\_\_\_\_  
First Name: \_\_\_\_\_  
Middle Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Home Address: \_\_\_\_\_  
(Street Address)  
City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_  
Telephone: \_\_\_\_\_  
Home: \_\_\_\_-\_\_\_\_-\_\_\_\_ Work: \_\_\_\_-\_\_\_\_-\_\_\_\_  
Cell : \_\_\_\_-\_\_\_\_-\_\_\_\_

**3. Secretary (or Equivalent):**

Last Name: \_\_\_\_\_  
First Name: \_\_\_\_\_  
Middle Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Home Address: \_\_\_\_\_  
(Street Address)  
City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_  
Telephone: \_\_\_\_\_  
Home: \_\_\_\_-\_\_\_\_-\_\_\_\_ Work: \_\_\_\_-\_\_\_\_-\_\_\_\_  
Cell : \_\_\_\_-\_\_\_\_-\_\_\_\_

**4. Chairman of the Board (or Equivalent):**

Last Name: \_\_\_\_\_  
First Name: \_\_\_\_\_  
Middle Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Home Address: \_\_\_\_\_  
(Street Address)  
City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_  
Telephone: \_\_\_\_\_  
Home: \_\_\_\_-\_\_\_\_-\_\_\_\_ Work: \_\_\_\_-\_\_\_\_-\_\_\_\_  
Cell : \_\_\_\_-\_\_\_\_-\_\_\_\_

**ACTIVITY MANAGER(S) FOR EACH GAMBLING ACTIVITY** (Attach additional sheets if necessary)

Last Name: \_\_\_\_\_  
First Name: \_\_\_\_\_  
Middle Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Have Gambling Commission training requirements been completed by this individual? ☐ Yes ☐ No  
Gambling Activity: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
(Street Address)  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Home: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Work: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Cell : \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

**It is your responsibility to report any changes to the information filed with your  
original or renewal applications.**

**See WAC 230-06-080 (<http://apps.leg.wa.gov/WAC/default.aspx?cite=230-06-080>) for reporting requirements.**

**CHANGES:** ☐ Premise Address ☐ Mailing Address ☐ Telephone ☐ E-Mail Address ☐ Other

Address 1: \_\_\_\_\_  
Address 2: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephones: Business: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Premises: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Fax: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
E-Mail Address: \_\_\_\_\_  
@ \_\_\_\_\_  
WA State Dept. of Revenue's UBI #: \_\_\_\_\_

**YOUR APPLICATION AND THE PUBLIC RECORDS ACT**

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**OATH OF APPLICATION**

I declare under penalty of perjury, under the laws of the State of Washington, that all information provided on this application is true and complete to the best of my knowledge. I understand that untruthful, misleading, or incomplete answers whether through misrepresentation, concealment, inadvertence, or mistake, are cause for suspension or revocation of any gambling license(s) currently held, or denial of any future applications for a new license.

I understand that I am responsible to know and comply with all rules and laws, RCW 9.46 (<http://apps.leg.wa.gov/RCW/default.aspx?cite=9.46>) and WAC 230 (<http://apps.leg.wa.gov/wac/default.aspx?cite=230>), which can be found on the Internet websites of the Washington State Gambling Commission (<http://www.wsgc.wa.gov/>) or Washington State Legislature (<http://leg.wa.gov/>).

Full Legal Name and signature of Highest-Ranking Individual:

Last Name: \_\_\_\_\_  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
President or Equivalent MM/DD/YYYY

Last Name: \_\_\_\_\_  
 First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
 Primary Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 E-Mail Address: \_\_\_\_\_  
 @ \_\_\_\_\_

**WASHINGTON STATE GAMBLING COMMISSION**

Location: 4565 7th Avenue SE, Lacey WA 98503

Mailing Address: P.O. Box 42400, Olympia WA 98504-2400

Telephone: 360-486-3440 / Fax Number: 360-486-3631

In-State Toll-Free: 1-800-345-2529 / TDD: 360-486-3637

Web Site: [www.wsgc.wa.gov](http://www.wsgc.wa.gov)**ANNUAL RENEWAL APPLICATION FOR NON PROFIT ORGANIZATION**

NRA FOUNDATION INC/STATE FUND  
COMMITTEE  
2708 N FREYA STREET  
SPOKANE WA 99217

**YOUR GAMBLING LICENSE(S) WILL EXPIRE ON September 30, 2019**

Organization Number: 00-22598

Pin Number: **3C**

Premises Address: 1617 E MAIN N106

City: PUYALLUP

State: WA

Zip: 98372

Business Mailing Address: 2708 N FREYA STREET

City: SPOKANE

State: WA

Zip: 99217

Telephone Primary: (360) 355-6213

Alternate:

FAX:

WA State Dept. of Revenue's UBI #: **1E, 1F**

(509) 953-3378

(703) 267-3985

☐ if any of the above information is incorrect, please check box and complete the 'Changes' section on page 3.

1. Do you have ANY local, state, or federal tax liens?


☐ Yes ☐ No

2. Have you had your IRS exempt status changed, denied or revoked?

☐ Yes ☐ No

3. How many general membership meetings has your organization held during your last fiscal year?

|\_|\_|\_|\_|

License Type	License Number	Payment Due Date	Base License Fee
RAFFLE 	02-09146	09/15/2019	\$ 65

**TOTAL AMOUNT DUE: \$ 65**

In addition to the Base License Fee, you will be required to submit a Quarterly Licensing Report with a fee calculated from your Gross Gambling Receipts within 30 days from end of each quarter. See WACs 230-05-106, 230-05-112, 230-05-116, 230-05-122, and 230-05-124 (<http://apps.leg.wa.gov/WAC/default.aspx?cite=230-05>).



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**LIST OF OFFICERS: Please Provide Full Legal Name**

All officers and managers listed on the application must submit proof of identity such as a copy of: a valid driver's license, a state identification card, or valid passport.

**1. President (or Equivalent):**

Last Name: \_\_\_\_\_  
First Name: \_\_\_\_\_  
Middle Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Home Address: \_\_\_\_\_  
(Street Address)  
City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_  
Telephone: \_\_\_\_\_  
Home: \_\_\_\_\_-\_\_\_\_-\_\_\_\_ Work: \_\_\_\_\_-\_\_\_\_-\_\_\_\_  
Cell : \_\_\_\_\_-\_\_\_\_-\_\_\_\_

**2. Treasurer (or Equivalent):**

Last Name: \_\_\_\_\_  
First Name: \_\_\_\_\_  
Middle Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Home Address: \_\_\_\_\_  
(Street Address)  
City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_  
Telephone: \_\_\_\_\_  
Home: \_\_\_\_\_-\_\_\_\_-\_\_\_\_ Work: \_\_\_\_\_-\_\_\_\_-\_\_\_\_  
Cell : \_\_\_\_\_-\_\_\_\_-\_\_\_\_

**3. Secretary (or Equivalent):**

Last Name: \_\_\_\_\_  
First Name: \_\_\_\_\_  
Middle Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Home Address: \_\_\_\_\_  
(Street Address)  
City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_  
Telephone: \_\_\_\_\_  
Home: \_\_\_\_\_-\_\_\_\_-\_\_\_\_ Work: \_\_\_\_\_-\_\_\_\_-\_\_\_\_  
Cell : \_\_\_\_\_-\_\_\_\_-\_\_\_\_

**4. Chairman of the Board (or Equivalent):**

Last Name: \_\_\_\_\_  
First Name: \_\_\_\_\_  
Middle Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Home Address: \_\_\_\_\_  
(Street Address)  
City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_  
Telephone: \_\_\_\_\_  
Home: \_\_\_\_\_-\_\_\_\_-\_\_\_\_ Work: \_\_\_\_\_-\_\_\_\_-\_\_\_\_  
Cell : \_\_\_\_\_-\_\_\_\_-\_\_\_\_

**ACTIVITY MANAGER(S) FOR EACH GAMBLING ACTIVITY** (Attach additional sheets if necessary)

Last Name: \_\_\_\_\_  
First Name: \_\_\_\_\_  
Middle Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Have Gambling Commission training requirements been completed by this individual? ☐ Yes ☐ No  
Gambling Activity: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
(Street Address)  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Home: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Work: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Cell: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

**It is your responsibility to report any changes to the information filed with your  
original or renewal applications.**

**See WAC 230-06-080 (<http://apps.leg.wa.gov/WAC/default.aspx?cite=230-06-080>) for reporting requirements.**

**CHANGES:** ☐ Premise Address ☐ Mailing Address ☐ Telephone ☐ E-Mail Address ☐ Other

Address 1: \_\_\_\_\_  
Address 2: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephones: Business: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Premises: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Fax: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
E-Mail Address: \_\_\_\_\_  
@ \_\_\_\_\_  
WA State Dept. of Revenue's UBI #: \_\_\_\_\_

**YOUR APPLICATION AND THE PUBLIC RECORDS ACT**

From the moment we receive your application, it becomes a public document subject to disclosure under the Public Records Act (RCW 42.56 - <http://apps.leg.wa.gov/RCW/default.aspx?cite=42.56>) and other Washington laws. The Commission may disclose to the public, other state or federal agencies, or discuss at a public meeting all information set forth in this application and all supplemental information submitted.

**OATH OF APPLICATION**

I declare under penalty of perjury, under the laws of the State of Washington, that all information provided on this application is true and complete to the best of my knowledge. I understand that untruthful, misleading, or incomplete answers whether through misrepresentation, concealment, inadvertence, or mistake, are cause for suspension or revocation of any gambling license(s) currently held, or denial of any future applications for a new license.

I understand that I am responsible to know and comply with all rules and laws, RCW 9.46

(<http://apps.leg.wa.gov/RCW/default.aspx?cite=9.46>) and WAC 230

(<http://apps.leg.wa.gov/wac/default.aspx?cite=230>), which can be found on the Internet websites of the Washington State Gambling Commission (<http://www.wsgc.wa.gov/>) or Washington State Legislature (<http://leg.wa.gov/>).

Full Legal Name and signature of Highest-Ranking Individual:

Last Name: \_\_\_\_\_  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
President or Equivalent MM/DD/YYYY

Last Name: \_\_\_\_\_  
 First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
 Primary Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 E-Mail Address: \_\_\_\_\_  
 @ \_\_\_\_\_



STATE OF WASHINGTON  
GAMBLING COMMISSION

*"Protect the Public by Ensuring that Gambling is Legal and Honest"*

1/30/2018

NRA FOUNDATION INC/STATE FUND COMMITTEE  
1617 E MAIN N106  
PUYALLUP WA 98372

Re: My Account Information

Dear Licensee:

We now require our licensees with internet access to submit renewal applications with fees and activity reports through My Account ([WAC 230-06-124](http://app.leg.wa.gov/wac/default.aspx?cite=230-06-124)) <http://app.leg.wa.gov/wac/default.aspx?cite=230-06-124>. This online portal allows you to do the following processes:

- Renew your gambling license
- Pay for second-half payment (if applicable)
- Submit activity reports, and view or amend activity reports previously submitted
- Update contact information
- Print licenses for your organization or your employees
- Submit multiple applications with one electronic payment
- Get the name and contact information for your local field agent
- View a calendar of Commission events and license expiration dates for your organization and employees

SAW Registration

To use these online services, you must complete the SecureAccess Washington (SAW) registration process. Visit SecureAccess Washington's website: <https://secureaccess.wa.gov/>.

For complete SAW registration instructions, Click [here](https://fortress.wa.gov/wsgc/etransfer/OnlineServices/WSGC_SAW_Instructions.pdf).  
[https://fortress.wa.gov/wsgc/etransfer/OnlineServices/WSGC\\_SAW\\_Instructions.pdf](https://fortress.wa.gov/wsgc/etransfer/OnlineServices/WSGC_SAW_Instructions.pdf)

Once you have registered with SAW, on the page titled "Service Registration" page, you will be asked to enter a PIN Number. Your PIN is **3C**.

If you have questions about My Account or cannot access the internet, please contact a Licensing Specialist at 1-800-345-2529 or our local number, (360) 486-3440.



STATE OF WASHINGTON  
GAMBLING COMMISSION

*"Protect the Public by Ensuring that Gambling is Legal and Honest"*

Organization/License Number: NRA FOUNDATION INC/STATE FUND COMMITTEE

Organization Name: 00-22598

If you need a waiver, you can request one by indicating the good cause reasons: (check one box)

- ☐ You do not have access to the internet using your own computer or similar equipment; or
- ☐ You do not have a bank account ; or
- ☐ Your bank is unable to send electronic fund transactions; or
- ☐ Some other circumstance or condition that prevents completing these transactions online

Please explain: \_\_\_\_\_

You may use this letter to request a waiver from online submission. WAC 230-06-124 (4) you must request a waiver, in writing, no later than sixty days before your activity report due date. Please mail your waiver request to our mailing address listed below.

Thank you.



WASHINGTON STATE



GAMBLING COMMISSION

LICENSE FOR: 00-22598

LICENSE # TYPE

02-09146 Raffle

EFFECTIVE  
DATE

10/01/2019

EXPIRATION  
DATE

09/30/2020

ISSUED TO:

NRA FOUNDATION INC/STATE FUND  
COMMITTEE  
2708 N FREYA STREET  
SPOKANE WA 99217

\*DISPLAY COPY AT LOCATION OF RAFFLE DRAWING

DISPLAY AT:

NRA FOUNDATION INC/STATE FUND COMMITTEE  
1617 E MAIN N106  
PUYALLUP WA 98372

\*\*\*\*\* ATTENTION \*\*\*\*\*

See important notices on reverse side.

*Daniel E. T. Rojelle*  
Director

## ***Our Mission***

*Protect the Public by Ensuring that Gambling is Legal and Honest.*

**WAC 230-06-065 DISPLAY COPIES OF ALL LICENSES OR HAVE THEM PRESENT ON BUSINESS PREMISES.** (1) Licensees must prominently display all gambling activity licenses or permits we have issued in the gambling area of their business premises.

(2) Licensees must have these licenses and permits ready for inspection by us, other law enforcement, and the public at all times.

**WAC 230-05-124 Quarterly License Fees and License Reports.** All licensed organizations must submit quarterly license fees and license reports to us for each licensed gambling activity beginning with the first quarter of their license year. The quarterly license fee is due with the quarterly license report. The quarterly license reports must be in the format we require and must:

(1)

Cover the period:	Be received by us no later than:
January 1 through March 31	April 30
April 1 through June 30	July 30
July 1 through September 30	October 30
October 1 through December 31	January 30

(2) Be received online at our administrative office or postmarked no later than the dates indicated in the table in subsection (1) of this section; and

(3) Be submitted even if there is no quarterly license fee payable to us; and

(4) Be accurate; and

(5) Be completed by the highest ranking executive officer or a designee. If someone other than the licensee or an employee prepares the report, the preparer must include his or her name and business telephone number on the report; and

(6) Be submitted for any period of time the license was valid, even if there was no gambling activity or the gambling license was not renewed.





WASHINGTON STATE

Effective Date: 11/17/2014



GAMBLING COMMISSION

LICENSE FOR: 00-22598 INSIDE THE CITY LIMITS

CLASS: F RAFFLE

ISSUED TO:

NRA FOUNDATION INC/STATE FUND  
COMMITTEE  
11250 WAPLES MILL RD  
FAIRFAX VA 22030

DISPLAY AT:

LOCATION OF RAFFLE DRAWING

\*\*\*\*\* ATTENTION \*\*\*\*\*

See important notices on reverse side.

*Daniel E. T. Boyle*

Director

LICENSE NUMBER	EXPIRATION DATE
02-09146	11/16/2015
* Two-Part Payment Participant	DUE DATE



## ***Our Mission***

***Protect the Public by Ensuring that Gambling is Legal and Honest.***

**WAC 230-03-080 LICENSE APPROVAL PROCESS.** (1) The director may issue a temporary license on completion of the licensing investigation for licenses issued under RCW 9.46.070.

**WAC 230-06-065 DISPLAY COPIES OF ALL LICENSES OR HAVE THEM PRESENT ON BUSINESS PREMISES.** (1) Licensees must prominently display all gambling activity licenses or permits we have issued in the gambling area of their business premises.

(2) Licensees must have these licenses and permits ready for inspection by us, other law enforcement, and the public at all times.

**WAC 230-05-015 TWO-PART PAYMENT PLAN FOR LICENSE FEES.** (2) We issue licenses under the two-part payment plan with an expiration date of not more than one year and a second-half payment due date.\*

(a) If we receive your second-half payment on or before the due date, the license will remain in effect until the expiration date.

(b) If you fail to submit the second-half payment on or before the due date, the license expires and gambling activities must stop.

**\* SEE THE DUE DATE LISTED ON THE FRONT PORTION OF THIS LICENSE.**

Annual license fees are due in full at renewal. By rule, we allow licensees to pay their annual license fee in excess of \$800 in two payments. If you choose to pay your annual fee in two payments, you must pay the second payment even if you go out of business, have your license revoked or you surrender your license during the license year. Failure to pay the second-half payment may result in a referral to a collection agency.

**Please contact the Gambling Commission immediately if you do not understand or have questions regarding information on this license.**

**Effective Date: 11/17/2013**

**LICENSE FOR: 00-22598 INSIDE THE CITY LIMITS**

**CLASS: F RAFFLE**

**ISSUED TO:**

**NRA FOUNDATION INC/STATE FUND COMMITTEE  
11250 WAPLES MILL RD  
FAIRFAX VA 22030**

**DISPLAY AT:**

**LOCATION OF RAFFLE DRAWING**

**02-09146**

**11/16/2014**

  
**Director**



STATE OF WASHINGTON  
GAMBLING COMMISSION

P.O. Box 42400 • Olympia, Washington 98504-2400 • (360) 486-3440 • TDD (360) 486-3637 • FAX (360) 486-3632

November 19, 2012

NRA FOUNDATION INC/STATE FUND COMMITTEE  
11250 WAPLES MILL RD  
FAIRFAX VA 22030

License Number: 00-22598 02-09146  
License Type / Class: Raffle / Class F

**WARNING: EXPIRED LICENSE, NOT AUTHORIZED TO OPERATE**

Our records reflect your license expired on November 16, 2012 because we have not received a renewal application and fees. If this is intentional, please disregard

If you are still operating the above gambling activity, you must stop immediately in accordance with WAC 230-06-125 and RCW 9.46.070. If you continue to operate, you may be subject to administrative charges and fines.

You may reapply for your license by completing an application and sending the appropriate fees.

If you have any questions about this notice or the status of your license, please call Licensing Operations Division at 1-800-345-2529. Notification has been forwarded to your local area special agent for information and action as needed.

enclosure  
cc: file

From: FinancialReporting@wsgc.wa.gov  
To: SGALYTHLY@NRAHQ.ORG  
cc: FinancialReporting@wsgc.wa.gov

Subject: Washington State Gambling Commission Activity Report Due in 30 days

**Dear NRA FOUNDATION INC/STATE FUND COMMITTEE, 00-22598:**

This is a reminder that your Activity Report(s) are coming due in 30 days on 12/16/2015. Click [here](#) to file online. Once you have signed in, click on "File Activity Report(s) Due". For future reports, email will be your only reminder of a report due. It is important that you update your email information in My Account to prevent late reporting. Thank you for filing your Activity Report(s) online. If you have questions about filing your report, please contact Licensing at (800) 345-2529 (in state) or (360) 486-3440.

Sign in ID: 00-22598

Password: 3C

Please note: After 7-1-15, you would need to go online to submit your next Activity Report(s) and your future License Renewal(s), unless you obtain a waiver from us. So, it is important for you to provide us with an updated email address and maintain contact with us. Please let us know, if you have questions about this new requirement.

Please do not reply to this email as we are not able to respond to messages sent to this address.

From: FinancialReporting@wsgc.wa.gov  
To: SGALYTHLY@NRAHQ.ORG  
cc: FinancialReporting@wsgc.wa.gov

Subject: Washington State Gambling Commission Activity Report Due in 10 days

**Dear NRA FOUNDATION INC/STATE FUND COMMITTEE, 00-22598:**

Our records indicate we have not received your Activity Report(s), which are due in 10 days on 12/16/2015. Click [here](#) to file online. Once you have signed in, click on "File Activity Report(s) Due".<br /><br />If you have questions about filing your report, please contact Licensing at (800) 345-2529 (in state) or (360) 486-3440.

Sign in ID: 00-22598

Password 3C

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From: FinancialReporting@wsgc.wa.gov  
To: SGALYTHLY@NRAHQ.ORG  
cc: FinancialReporting@wsgc.wa.gov

Subject: Washington State Gambling Commission Activity Report Due in 5 days

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If you have questions about filing your report, please contact Licensing at (800) 345-2529 (in state) or (360) 486-3440.

Sign in ID: 00-22598

Password: 3C

Please note: After 7-1-15, you would need to go online to submit your next Activity Report(s) and your future License Renewal(s), unless you obtain a waiver from us. So, it is important for you to provide us with an updated email address and maintain contact with us. Please let us know, if you have questions about this new requirement.

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*This report displays the content in the email to licensee and not the actual email*


00-22598

From: FinancialReporting@wsgc.wa.gov  
To: SGALYTHLY@NRAHQ.ORG  
cc: FinancialReporting@wsgc.wa.gov;

Subject: Washington State Gambling Commission Activity Report Due in 30 days  
Dear NRA FOUNDATION INC/STATE FUND COMMITTEE, 00-22598:

This is a reminder that your Activity Report(s) are coming due in 30 days on 12/16/2016. Click [here](#) to file online. Once you have signed in, click on "File Activity Report(s) Due".

Sign in ID: 00-22598<br>

Password:  3C

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To: SGALYTHLY@NRAHQ.ORG  
cc: FinancialReporting@wsgc.wa.gov;

Subject: Washington State Gambling Commission Activity Report Due in 10 days  
Dear NRA FOUNDATION INC/STATE FUND COMMITTEE, 00-22598:

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Sign in ID: 00-22598<br>

Password: **3C**

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Please do not reply to this email as we are not able to respond to messages sent to this address.



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00-22598

From: FinancialReporting@wsgc.wa.gov

To: SGALYTHLY@NRAHQ.ORG

cc: FinancialReporting@wsgc.wa.gov; BILL.MCGREGOR@wsgc.wa.gov

Subject: Washington State Gambling Commission Activity Report Due in 5 days

Dear NRA FOUNDATION INC/STATE FUND COMMITTEE, 00-22598:

Our records indicate we have not received your Activity Report(s), which are due in 5 days on 12/16/2016. [Click here](#) to file online. Once you have signed in, click on "File Activity Report(s) Due".

Sign in ID: 00-22598<br>

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To: SGALYTHLY@NRAHQ.ORG  
cc: FinancialReporting@wsgc.wa.gov;

Subject: Washington State Gambling Commission Activity Report Due in 30 days  
Dear NRA FOUNDATION INC/STATE FUND COMMITTEE, 00-22598:

This is a reminder that your Activity Report(s) are coming due in 30 days on 12/16/2017. Click [here](#) to file online. Once you have signed in, click on "File Activity Report(s) Due".

Sign in ID: 00-22598<br>

Password: 3C

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To: SGALYTHLY@NRAHQ.ORG  
cc: FinancialReporting@wsgc.wa.gov;

Subject: Washington State Gambling Commission Activity Report Due in 10 days  
Dear NRA FOUNDATION INC/STATE FUND COMMITTEE, 00-22598:

Our records indicate we have not received your Activity Report(s), which are due in 10 days on 12/16/2017. [Click here](#) to file online. Once you have signed in, click on "File Activity Report(s) Due".

Sign in ID: 00-22598<br>

Password: [REDACTED] 3C

Please note: As of 7-1-15, you are required to go online to submit your Activity Report(s) and License Renewal(s), unless you obtain a waiver. It is important for you to provide an updated email address and maintain contact.

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00-22598

From: FinancialReporting@wsgc.wa.gov

To: SGALYTHLY@NRAHQ.ORG

cc: FinancialReporting@wsgc.wa.gov; KEVIN.MAXWELL@wsgc.wa.gov

Subject: Washington State Gambling Commission Activity Report Due in 5 days

Dear NRA FOUNDATION INC/STATE FUND COMMITTEE, 00-22598:

Our records indicate we have not received your Activity Report(s), which are due in 5 days on 12/16/2017. [Click here](#) to file online. Once you have signed in, click on "File Activity Report(s) Due".

Sign in ID: 00-22598<br>

Password: 3C

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To: SGALYTHLY@NRAHQ.ORG  
cc: FinancialReporting@wsgc.wa.gov;

Subject: Washington State Gambling Commission Activity Report Due in 30 days

Dear NRA FOUNDATION INC/STATE FUND COMMITTEE, 00-22598:

This is a reminder that your Activity Report(s) are coming due in 30 days on 07/30/2018. Click <a href=https://fortress.wa.gov/wsgc/etransfer/OnlineServices/signIn.cshtml>here</a> to file online. Once you have signed in, click on "File Activity Report(s) Due".<br><br>

Per <a href=http://app.leg.wa.gov/WAC/default.aspx?cite=230-05-102>WAC 230-05-102</a>, beginning July 1, 2018, all licensed organizations must submit activity reports quarterly, regardless of whether they previously submitted reports annually, quarterly, or semi-annually and regardless of when their permit or license year ends.<br><br>

If you have questions about filing your report, please contact us at (800) 345-2529 (in-state toll-free) or (360) 486-3440, ext. 2332.

Please do not reply to this email as we are not able to respond to messages sent to this address.

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To: SGALYTHLY@NRAHQ.ORG  
cc: FinancialReporting@wsgc.wa.gov;

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From: FinancialReporting@wsgc.wa.gov

To: SGALYTHLY@NRAHQ.ORG

cc: FinancialReporting@wsgc.wa.gov; KEVIN.MAXWELL@wsgc.wa.gov

Subject: Washington State Gambling Commission Activity Report Due in 5 days

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To: SGALYTHLY@NRAHQ.ORG  
cc: FinancialReporting@wsgc.wa.gov;

Subject: Washington State Gambling Commission Activity Report Due in 30 days

Dear NRA FOUNDATION INC/STATE FUND COMMITTEE, 00-22598:

This is a reminder that your Activity Report(s) are coming due in 30 days on 10/30/2018. Click <a href=https://fortress.wa.gov/wsgc/etransfer/OnlineServices/signIn.cshtml>here</a> to file online. Once you have signed in, click on "File Activity Report(s) Due".<br><br>

Per <a href=http://app.leg.wa.gov/WAC/default.aspx?cite=230-05-102>WAC 230-05-102</a>, beginning July 1, 2018, all licensed organizations must submit activity reports quarterly, regardless of whether they previously submitted reports annually, quarterly, or semi-annually and regardless of when their permit or license year ends.<br><br>

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From: FinancialReporting@wsgc.wa.gov  
To: SGALYTHLY@NRAHQ.ORG  
cc: FinancialReporting@wsgc.wa.gov;

Client Number: 00-22598  
Pin: 3C

Subject: Washington State Gambling Commission Quarterly Activity Report Due in 12 days

Dear NRA FOUNDATION INC/STATE FUND COMMITTEE, 00-22598:

Our records indicate we have not received your Quarterly Activity Report(s) (QAR), which are due in 10 days on 10/30/2018. To submit your QAR, go to your My Account through SecureAccess Washington (SAW). <br><br>

To file, you will need a SAW account. If you are:<br />

- <strong>Registered for SAW and have access to your My Account</strong>, <a href=https://secureaccess.wa.gov>click here</a> to sign in and file your QAR.  
  
Registered with SAW and need to <strong>add our service</strong>, <a href=https://fortress.wa.gov/wsgc/etransfer/OnlineServices/add\_saw\_service.pdf>click here</a> for step-by-step instructions.
- <strong>Not registered</strong> with SAW, <a href=https://fortress.wa.gov/wsgc/etransfer/OnlineServices/WSGC\_SAW\_Instructions.pdf>click here</a> for step-by-step instructions. <strong>You will need your Client Number and PIN to register for SAW.</strong>

Once you have signed into My Account through SAW, click on the green “File Activity Report(s) Due Now” button. This is also available under the “Quarterly Reports” tab. Choose the report period you are submitting under the “File Report” tab in the table.<br /><br />Per <a href=http://app.leg.wa.gov/WAC/default.aspx?cite=230-05-102>WAC 230-05-102</a>, beginning July 1, 2018, all licensed organizations must submit activity reports quarterly, regardless of whether they previously submitted reports annually, quarterly, or semi-annually and regardless of when their permit or license year ends.<br /><br />If you have questions, please contact us at 1-800-345-2529 (in-state toll-free) or 360-486-3440.

Please do not reply to this email as we are not able to respond to messages sent to this address.

*This report displays the content in the email to licensee and not the actual email*

From: FinancialReporting@wsgc.wa.gov  
To: SGALYTHLY@NRAHQ.ORG  
cc: FinancialReporting@wsgc.wa.gov; KEVIN.MAXWELL@wsgc.wa.gov

Client Number: 00-22598  
Pin: 3C

Subject: Washington State Gambling Commission Quarterly Activity Report Due in 5 days

Dear NRA FOUNDATION INC/STATE FUND COMMITTEE, 00-22598:

Our records indicate we have not received your Quarterly Activity Report(s) (QAR), which are due in 5 days on 10/30/2018. To submit your QAR, go to your My Account through SecureAccess Washington (SAW). <br><br>

To file, you will need a SAW account. If you are:<br />

- <strong>Registered for SAW and have access to your My Account</strong>, <a href=https://secureaccess.wa.gov>click here</a> to sign in and file your QAR.

- Registered with SAW and need to <strong>add our service</strong>, <a href=https://fortress.wa.gov/wsgc/etransfer/OnlineServices/add\_saw\_service.pdf>click here</a> for step-by-step instructions.
- <strong>Not registered</strong> with SAW, <a href=https://fortress.wa.gov/wsgc/etransfer/OnlineServices/WSGC\_SAW\_Instructions.pdf>click here</a> for step-by-step instructions. <strong>You will need your Client Number and PIN to register for SAW.</strong>

Once you have signed into My Account through SAW, click on the green “File Activity Report(s) Due Now” button. This is also available under the “Quarterly Reports” tab. Choose the report period you are submitting under the “File Report” tab in the table.<br /><br />Per <a href=http://app.leg.wa.gov/WAC/default.aspx?cite=230-05-102>WAC 230-05-102</a>, beginning July 1, 2018, all licensed organizations must submit activity reports quarterly, regardless of whether they previously submitted reports annually, quarterly, or semi-annually and regardless of when their permit or license year ends.<br /><br />If you have questions, please contact us at 1-800-345-2529 (in-state toll-free) or 360-486-3440.

Please do not reply to this email as we are not able to respond to messages sent to this address.

From: FinancialReporting@wsgc.wa.gov  
To: kbratsch@nrahq.org  
cc: FinancialReporting@wsgc.wa.gov;

Client Number: 00-22598  
Pin: 3C

Subject: Washington State Gambling Commission Quarterly License Report Due in 30 days

Dear NRA FOUNDATION INC/STATE FUND COMMITTEE, 00-22598:

This is a reminder that your Quarterly License Report(s) (QLR) and Quarterly License Fee(s) (QLF) are coming due in 30 days on 01/30/2019. Your QLR is now available in your My Account through SecureAccess Washington (SAW). <br><br>

To file, you will need a SAW account. If you are:<br />

- <strong>Registered for SAW and have access to your My Account</strong>, <a href=https://secureaccess.wa.gov>click here</a> to sign in and file your QLR.

Registered with SAW and need to <strong>add our service</strong>, <a

- href=https://fortress.wa.gov/wsgc/etransfer/OnlineServices/add\_saw\_service.pdf>click here</a> for step-by-step instructions.
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Once you have signed into My Account through SAW, click on the green “File Quarterly License Report/Pay Fee” button. This is also available under the “Quarterly Reports” tab. Choose the report period you are submitting under the “File Report” tab in the table.<br /><br />Per <a href=http://app.leg.wa.gov/WAC/default.aspx?cite=230-05-125>WAC 230-05-125</a>, you must file this report if your license was active for the quarter, even if you had no activity.<br /><br />Per <a href=http://app.leg.wa.gov/WAC/default.aspx?cite=230-05-132>WAC 230-05-132</a>, if you fail to report and pay your QLF (if any) by the due date, it could result in a daily fine of \$25 and/or administrative action. Amending your report after the due date may also result in administrative action.<br /><br />If you have questions, please contact us at 1-800-345-2529 (in-state toll-free) or 360-486-3440.

Please do not reply to this email as we are not able to respond to messages sent to this address.

From: FinancialReporting@wsgc.wa.gov  
To: SGALYTHLY@NRAHQ.ORG  
cc: FinancialReporting@wsgc.wa.gov;

Client Number: 00-22598  
Pin: 3C

Subject: Washington State Gambling Commission Quarterly License Report Due in 30 days

Dear NRA FOUNDATION INC/STATE FUND COMMITTEE, 00-22598:

This is a reminder that your Quarterly License Report(s) (QLR) and Quarterly License Fee(s) (QLF) are coming due in 30 days on 04/30/2019. Your QLR is now available in your My Account through SecureAccess Washington (SAW). <br><br>

To file, you will need a SAW account. If you are:<br />

- <strong>Registered for SAW and have access to your My Account</strong>, <a href=https://secureaccess.wa.gov>click here</a> to sign in and file your QLR.

Registered with SAW and need to <strong>add our service</strong>, <a

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Once you have signed into My Account through SAW, click on the green “File Quarterly License Report/Pay Fee” button. This is also available under the “Quarterly Reports” tab. Choose the report period you are submitting under the “File Report” tab in the table.<br /><br />Per <a href=http://app.leg.wa.gov/WAC/default.aspx?cite=230-05-125>WAC 230-05-125</a>, you must file this report if your license was active for the quarter, even if you had no activity.<br /><br />Per <a href=http://app.leg.wa.gov/WAC/default.aspx?cite=230-05-132>WAC 230-05-132</a>, if you fail to report and pay your QLF (if any) by the due date, it could result in a daily fine of \$25 and/or administrative action. Amending your report after the due date may also result in administrative action.<br /><br />If you have questions, please contact us at 1-800-345-2529 (in-state toll-free) or 360-486-3440.

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To: SGALYTHLY@NRAHQ.ORG  
cc: FinancialReporting@wsgc.wa.gov;

Client Number: 00-22598  
Pin: 3C

Subject: Washington State Gambling Commission Quarterly License Report Due in 10 days

Dear NRA FOUNDATION INC/STATE FUND COMMITTEE, 00-22598:

Our records indicate we have not received your Quarterly License Report(s) (QLR) and Quarterly License Fee(s) (QLF), which are due in 10 days on 04/30/2019. To submit your QLR and QLF (if any), go to your My Account through SecureAccess Washington (SAW). <br><br>

To file, you will need a SAW account. If you are:<br />

- <strong>Registered for SAW and have access to your My Account</strong>, <a href=https://secureaccess.wa.gov>click here</a> to sign in and file your QLR.

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To: SGALYTHLY@NRAHQ.ORG  
cc: FinancialReporting@wsgc.wa.gov;

Client Number: 00-22598  
Pin: 3C

Subject: Washington State Gambling Commission Quarterly License Report Due in 30 days

Dear NRA FOUNDATION INC/STATE FUND COMMITTEE, 00-22598:

This is a reminder that your Quarterly License Report(s) (QLR) and Quarterly License Fee(s) (QLF) are coming due in 30 days on 07/30/2019. Your QLR is now available in your My Account through SecureAccess Washington (SAW). <br><br>

To file, you will need a SAW account. If you are:<br />

- <strong>Registered for SAW and have access to your My Account</strong>, <a href=https://secureaccess.wa.gov>click here</a> to sign in and file your QLR.

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To: SGALYTHLY@NRAHQ.ORG  
cc: FinancialReporting@wsgc.wa.gov;

Client Number: 00-22598  
Pin: 3C

Subject: Washington State Gambling Commission Quarterly License Report Due in 10 days

Dear NRA FOUNDATION INC/STATE FUND COMMITTEE, 00-22598:

Our records indicate we have not received your Quarterly License Report(s) (QLR) and Quarterly License Fee(s) (QLF), which are due in 10 days on 07/30/2019. To submit your QLR and QLF (if any), go to your My Account through SecureAccess Washington (SAW). <br><br>

To file, you will need a SAW account. If you are:<br />

- <strong>Registered for SAW and have access to your My Account</strong>, <a href=https://secureaccess.wa.gov>click here</a> to sign in and file your QLR.

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To: SGALYTHLY@NRAHQ.ORG  
cc: FinancialReporting@wsgc.wa.gov;

Client Number: 00-22598  
Pin: 3C

Subject: Washington State Gambling Commission Quarterly License Report Due in 30 days

Dear NRA FOUNDATION INC/STATE FUND COMMITTEE, 00-22598:

This is a reminder that your Quarterly License Report(s) (QLR) and Quarterly License Fee(s) (QLF) are coming due in 30 days on 10/30/2019. Your QLR is now available in your My Account through SecureAccess Washington (SAW). <br><br>

To file, you will need a SAW account. If you are:<br />

- <strong>Registered for SAW and have access to your My Account</strong>, <a href=https://secureaccess.wa.gov>click here</a> to sign in and file your QLR.

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ActivityReportReminder00-2259820131116

Dear NRA FOUNDATION INC/STATE FUND COMMITTEE

This is a reminder that your Activity Report(s) are coming due. Thank you for filing your prior Activity Report(s) online. You should now submit all Activity Reports online.

To file online, visit our website [www.wsgc.wa.gov](http://www.wsgc.wa.gov) and click "Sign In" (upper right of screen), then "File Activity Report(s) Due".

For future reports, email will be your only reminder of a report due.

If you have questions about this new Washington State Gambling Commission service, please contact:

- Cameron Baker at (360) 486-3476

ActivityReportReminder00-2259820131116

**Dear NRA FOUNDATION INC/STATE FUND COMMITTEE, 00-22598:**

This is a reminder that your Activity Report(s) are coming due in 30 days on 12/16/2014. Click [here](#) to file online. Once you have signed in, click on "File Activity Report(s) Due".  
For future reports, email will be your only reminder of a report due. It is important that you update your email information in My Account to prevent late reporting.  
Thank you for filing your Activity Report(s) online. If you have questions about filing your report, please contact Cameron Baker at (360) 486-3476 or Licensing at (800) 345-2529 (in state) or (360) 486-3440.

Sign in ID: 00-22598

Password: 3C

Please do not reply to this email as we are not able to respond to messages sent to this address.

**Dear NRA FOUNDATION INC/STATE FUND COMMITTEE, 00-22598:**

Our records indicate we have not received your Activity Report(s), which are due in 10 days on 12/16/2014. [Click here](#) to file online. Once you have signed in, click on "File Activity Report(s) Due".  
If you have questions about filing your report, please contact Cameron Baker at (360) 486-3476 or Licensing at (800) 345-2529 (in state) or (360) 486-3440.

Sign in ID: 00-22598

Password: 3C

Please do not reply to this email as we are not able to respond to messages sent to this address.

**Dear NRA FOUNDATION INC/STATE FUND COMMITTEE, 00-22598:**

Our records indicate we have not received your Activity Report(s), which are due in 5 days on 12/16/2014. Click [here](#) to file online. Once you have signed in, click on "File Activity Report(s) Due".  
If you have questions about filing your report, please contact Cameron Baker at (360) 486-3476 or Licensing at (800) 345-2529 (in state) or (360) 486-3440.

Sign in ID: 00-22598

Password: 3C

Please do not reply to this email as we are not able to respond to messages sent to this address.



STATE OF WASHINGTON  
**GAMBLING COMMISSION**

*"Protect the Public by Ensuring that Gambling is Legal and Honest"*

NRA FOUNDATION INC/STATE FUND  
COMMITTEE  
11250 WAPLES MILL RD  
FAIRFAX VA 22030

October 04, 2012

**ONLINE REPORTING SERVICES**

You may now submit your Activity Reports online.

To begin, you will need:

- Your client #: 00-22598
- Default password: **3C**

(Note: you can change your password once you have successfully logged in.)

To use this online service visit our website [www.wsgc.wa.gov](http://www.wsgc.wa.gov) and click Online Services.  
Or, you may go directly to the link <https://fortress.wa.gov/wsgc/etransfer/OnlineServices/>.  
An instructional video is available online to assist you.

If you have questions about this new service, please contact:

- Cameron Baker at [cameron.baker@wsgc.wa.gov](mailto:cameron.baker@wsgc.wa.gov) or (360) 486-3476
- Ken DeKay at [ken.dekay@wsgc.wa.gov](mailto:ken.dekay@wsgc.wa.gov) or (360) 486-3477





97521

WASHINGTON STATE GAMBLING COMMISSION, P. O. BOX 42400, OLYMPIA, WA 98504-2400

NRA FOUNDATION INC/STATE FUND COMMITTEE  
11250 WAPLES MILL RD  
FAIRFAX VA 22030

(360) 486-3474 2012-4

ClientNo: 00-22598

LicenseNo: 02-09146

THIS REPORT COVERS THE PERIOD

11/17/2011 - 11/16/2012

Class: Class F  
Date: 10/4/2012

County: 32  
City: 00

**RAFFLE****ANNUAL ACTIVITY REPORT****Due Date 12/16/2012****ATTENTION** Submit report even if you had no activity.

Please complete the following items: (See enclosed instructions.) Include only items **DIRECTLY RELATED** to your **Annual** Gambling Activities. **PLEASE ROUND ALL AMOUNTS TO THE NEAREST WHOLE DOLLAR.**

**ANNUAL FINANCIAL INFORMATION:**

(1) GROSS GAMBLING RECEIPTS	-----	\$	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(2) TOTAL PRIZES AWARDED (purchased or donated)	-----	\$	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(3) DONATED PRIZES (Record fair market value) (should also be part of line 2)	-----	\$	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(4) LOCAL GAMBLING TAX (paid to city or county)	-----	\$	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(5) OVER / SHORT (See Instructions)	check one - <input type="checkbox"/> over <input type="checkbox"/> short	-----	\$	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**DO NOT SEND MONEY WITH THIS REPORT**

**Signature and Verification:** I declare under the penalties of perjury that this report (Including any accompanying statements or lists) has been examined by me and to the best of my knowledge and belief is true, correct, and complete.

(PRINT NAME OF OFFICER/EMPLOYEE/MEMBER)

(TITLE)

( )  
(DAYTIME TELEPHONE)

(SIGNATURE)

(DATE)

GC2-135  
(12/2010)



**WASHINGTON STATE GAMBLING COMMISSION**  
**INSTRUCTIONS FOR**  
**ANNUAL ACTIVITY REPORT**

This report is available in alternate formats upon advance request.

Please contact (360) 486-3474 or TDD (360) 486-3637

**PLEASE READ INSTRUCTIONS CAREFULLY**

**NOTE:** This report is required by WAC 230-07-155, WAC 230-13-169 or WAC 230-07-160. The information is used in reports submitted to the Governor and the Legislature pursuant to RCW 9.46.090. The report must be filed if a license was active for any period during the year, even if the licensee had no activity. Mail this report directly to Washington State Gambling Commission, PO Box 42400, Olympia, WA 98504-2400, in the enclosed envelope. If you have questions regarding this activity report, please call **(360) 486-3440** or **800-345-2529** and ask for the Financial Reporting section.

**IMPORTANT: PLEASE ROUND ALL AMOUNTS TO THE NEAREST WHOLE DOLLAR.**

**LINE 1 Gross Gambling Receipts** - The total gross receipts during the license year. DO NOT adjust gross receipts for cash over and short (see Line 5).

**LINE 2 Prizes Paid** - The total amount of cash prizes paid out and the value of all merchandise awarded. If purchased, the value is the cost to the licensee. If donated, the value is as determined in Line 3 below. Note: Merchandise donated or purchased for prizes, but not awarded, *should not be included* on this report.

**LINE 3 Donated Prizes** - If prizes were donated to the organization, estimate the fair market value of the items on the date they were received as donations. If ALL awarded prizes were donated, Line 2 and Line 3 would each display the same number.

**LINE 4 Local Gambling Tax** - Enter the taxes paid to a City or County, which is directly related to gambling during the year.

**LINE 5 Cash (Over) / Short** - Enter the total (over) / short from gambling activity during the year, Check the appropriate box.

**Examples of (Over)/Short:**



Gross Receipts \$100 - Total Amount Deposited \$98 = SHORT \$2, or  
Gross Receipts \$100 - Total Amount Deposited \$105 = OVER \$5

**OTHER INFORMATION (BINGO ONLY):**

- ☐ *Total Number of Sessions Held During Year* - Provide the combined TOTAL number of sessions (i.e., AM, NOON, PM, and/or MOONLITE) held during the year.
- ☐ *Total Attendance for Year* - Provide combined TOTAL number of players for ALL sessions held during the year.
- ☐ *Net Income From Retail Sales Activities* - Include the net income from all retail sales activities operated by your organization in conjunction with the bingo games. For example, food & beverages (snack bar), bingo supplies (daubers, card holders, glue sticks, etc.), or any other sales activities. DO NOT INCLUDE your lounge or club sales, retail sales conducted by an Auxiliary unit or by contract with an outside agent.

**Signature And Verification:** This line **MUST** be **signed** by the highest ranking officer, member or authorized employee of this organization for this report to be valid. IF THIS REPORT IS NOT SIGNED, IT WILL BE RETURNED AND CONSIDERED NOT RECEIVED. Also print the name and title of the person signing the form, the daytime telephone number for this person, and the date the report was signed.

## 00-22598 NRA FOUNDATION INC/STATE FUND COMMITTEE / PUYALLUP



Business Locks Nonprofit Officers Comments Letters Licensed Employees Contracts Amusement Games Licenses Applications Events Cases Routebooks Docs

Comment Date	Comment Type	Comment By	Comment Text	Response Date
9/11/2019	Application	MichelleD	Case reporting system no record found.	9/11/2019
10/22/2018	RouteBook	KevinM	Sent email to Michael Herrera reminding him their QAR is due 10/30/18.	10/22/2018
9/12/2018	Reminder	PhiletteH	Confirmed case in CIMS, immaterial, QC complete, back to SS.	9/12/2018
9/5/2018	LicenseTransaction	ShannonS	To PH for QC	9/5/2018
9/4/2018	LicenseTransaction	ShannonS	Case 2012-00718 found for a Mike Herrera closed and a verbal warning issued. No other CRS found for any other officer.	9/4/2018
4/11/2018	RouteBook	KevinM	T/T Michael Herrera regarding license fee restructure to include quarterly reporting and late fees. I also sent him an email with the license fee restructure brochure and the fee schedule as well as a link to the license fee calculator on our website.	4/11/2018
12/8/2017	TelephoneCall	BillR	Need photo ID for Mr. Dazey and counter signature for all three. Emailed Kimber Bratsch requesting photo and signatures.	12/8/2017
11/28/2017	TelephoneCall	BillR	Licensee did not respond to my document request letter of November 6, 2017. Tel. res. left message to call. Received a call from a Ms. Bratsch at 703.267.1349. She states that she was aware of the request but did not receive the letter. I sent a 10 day letter to the Pres. and copied her. Due 12/8.	11/28/2017
11/6/2017	TelephoneCall	BillR	Received renewal application Raffle 'F'. Sent request letter for Pif & Crims and positive ID for Larry Bateman, Steven Dazey, and Michael Herrera. Due 11/20.	11/6/2017
12/14/2016	Email	CassieV	UPDATED PREMISES ADDRESS FOR THE RAFFLE LICENSE SEE DOCS TAB FOR EMAIL REQUEST.	12/14/2016

Page 1 of 2 [ &lt;&lt; First &lt; 1, 2 &gt; Last &gt;&gt; ]

## 00-22598 NRA FOUNDATION INC/STATE FUND COMMITTEE / PUYALLUP



Business Locks Nonprofit Officers Comments Letters Licensed Employees Contracts Amusement Games Licenses Applications Events Cases Routebooks Docs

Comment Date	Comment Type	Comment By	Comment Text	Response Date
10/26/2016	Reminder	CatheeG	No CRS found.	10/26/2016
5/29/2014	StatusUpdate	MonaN	Received email from the NRA that Raffle manager is no longer holding the position. copy of email to records to file	5/29/2014
12/12/2013	TelephoneCall	CameronB	Jackie at HQ in Fairfax, Virginia called to clarify how to file annual report online. Her phone # is 703-267-1269 at general counsel's office.	
11/17/2011	Reminder	ElizabethB	FBI CH REVIEW NEEDED FOR KEIFER DAVID LEWIS. FORWARD FILE TO CHI AGENT.	11/17/2011
11/14/2011	StatusUpdate	SarahR	RECEIVED FP CARDS FROM STEVEN ALLEN. APPROVING APPLICATION AND SENDING FILE TO COLLENE FOR FINAL APPROVAL.	11/14/2011
11/7/2011	StatusUpdate	SarahR	I RECEIVED FINGERPRINT CARDS FROM KEIFER LEWIS. I AM STILL WAITING OF FINGERPRINTS FROM STEVEN VREELAND.	11/7/2011
10/31/2011	StatusUpdate	SarahR	1RECEIVED DRAFT OF BYLAWS AND I MAILED OUT FINGERPRINT CARDS TO STEVEN VREELAND AND KEIFER LEWIS. FILE AT MY DESK WITH A DUE DATE OF 11-20-11	10/20/2011

Page 2 of 2 [ &lt;&lt; First &lt; 1, 2 &gt; Last &gt;&gt; ]



WASHINGTON STATE



GAMBLING COMMISSION

LICENSE FOR: 00-22598

LICENSE # TYPE

02-09146 Raffle

EFFECTIVE  
DATE

10/01/2018

EXPIRATION  
DATE

09/30/2019

ISSUED TO:

NRA FOUNDATION INC/STATE FUND  
COMMITTEE  
2708 N FREYA STREET  
SPOKANE WA 98372

DISPLAY COPY AT LOCATION OF RAFFLE DRAWING

Director

\*\*\*\*\* ATTENTION \*\*\*\*\*

See important notices on reverse side.

## ***Our Mission***

*Protect the Public by Ensuring that Gambling is Legal and Honest.*

**WAC 230-06-065 DISPLAY COPIES OF ALL LICENSES OR HAVE THEM PRESENT ON BUSINESS PREMISES.** (1) Licensees must prominently display all gambling activity licenses or permits we have issued in the gambling area of their business premises.

(2) Licensees must have these licenses and permits ready for inspection by us, other law enforcement, and the public at all times.

**WAC 230-05-124 Quarterly License Fees and License Reports.** All licensed organizations must submit quarterly license fees and license reports to us for each licensed gambling activity beginning with the first quarter of their license year. The quarterly license fee is due with the quarterly license report. The quarterly license reports must be in the format we require and must:

(1)

Cover the period:	Be received by us no later than:
January 1 through March 31	April 30
April 1 through June 30	July 30
July 1 through September 30	October 30
October 1 through December 31	January 30

(2) Be received online at our administrative office or postmarked no later than the dates indicated in the table in subsection (1) of this section; and

(3) Be submitted even if there is no quarterly license fee payable to us; and

(4) Be accurate; and

(5) Be completed by the highest ranking executive officer or a designee. If someone other than the licensee or an employee prepares the report, the preparer must include his or her name and business telephone number on the report; and

(6) Be submitted for any period of time the license was valid, even if there was no gambling activity or the gambling license was not renewed.







WASHINGTON STATE



GAMBLING COMMISSION

LICENSE FOR: 00-22598

LICENSE # TYPE

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EFFECTIVE  
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09/30/2020

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SPOKANE WA 99217

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From: DoNotReply@wsgc.wa.gov  
To: SGALYTHLY@NRAHQ.ORG  
cc:

Subject: License Renewal Due Soon Reminder

**Organization:00-22598 - NRA FOUNDATION INC/STATE FUND COMMITTEE**

Did you know that you can renew your license online? [Click here](#) to sign in. Once you are signed in, click on Renew Licenses Now (green button) located on the left. Once a payment has been submitted, you can print a copy of your gambling license. Your payment is due in 20 days. Thank you.

Sign in ID: 00-22598

Password: **3C**

Please note: After 7-1-15, you would need to go online to submit your next Activity Report(s) and your future License Renewal(s), unless you obtain a waiver from us. So, it is important for you to provide us with an updated email address and maintain contact with us. Please let us know, if you have questions about this new requirement.

Please do not reply to this email as we are not able to respond to messages sent to this address.

*This report displays the content in the email to licensee and not the actual email*

00-22598


From: DoNotReply@wsgc.wa.gov  
To: SGALYTHLY@NRAHQ.ORG  
cc:

Subject: License Renewal Due Soon Reminder

Organization:00-22598 - NRA FOUNDATION INC/STATE FUND COMMITTEE

Your renewal application is now available in your My Account. Click [here](#) to sign in. Once you are signed in, click on Renew Licenses Now (green button) under What would you like to do? Once a payment has been submitted, you can print a copy of your gambling license.

Sign in ID: 00-22598<br>

Password:  3C

Please note: As of 7-1-15, you are required to go online to submit your Activity Report(s) and License Renewal(s), unless you obtain a waiver from us. It is important for you to provide us with an updated email address and maintain contact with us.

If you have questions about your renewal, please contact a Licensing Specialist at 1-800-345-2529 extension 2331 or 2332. Thank you.

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cc:

Subject: License Renewal Due Soon Reminder  
Organization:00-22598 - NRA FOUNDATION INC/STATE FUND COMMITTEE

We are aligning all license expiration dates to end on a quarter. Please pay the adjusted amount listed on your renewal notice(if renewing with a paper application)or in your My Account.<br /><br />Your renewal application is now available in your My Account. Click here to sign in. Once you are signed in, click on Renew Licenses Now (green button) under What would you like to do? Once a payment has been submitted, you can print a copy of your gambling license.

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Password: 3C

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cc:

Client Number: 00-22598  
Pin: 3C

Subject: Gambling License Renewal Due  
Organization:00-22598 - NRA FOUNDATION INC/STATE FUND COMMITTEE

Your gambling license renewal is now available in your My Account through SecureAccess Washington (SAW).  
Per WAC 230-05-128, if you do not submit a completed application and all fees and your license expires, you must immediately stop the gambling activity covered by your license. Once your gambling license expires you will not be able to renew online and you must not operate any gambling activity until a new license is issued.

If you are:

- Registered for SAW and currently have access to your My Account, [click here](https://secureaccess.wa.gov) to sign in and renew your license.
- Registered with SAW and need to **add our service** to access your My Account, [click here](https://fortress.wa.gov/wsgc/etransfer/OnlineServices/add_saw_service.pdf) for step-by-step instructions.
- **Not registered** with SAW, [click here](https://fortress.wa.gov/wsgc/etransfer/OnlineServices/WSGC_SAW_Instructions.pdf) for

If you have questions, please contact a Licensing Specialist at 1-800-345-2529 (in-state toll-free) or (360) 486-3440, extension 2332.

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**If you are:**

- Registered for SAW and have access to your My Account, [click here](https://secureaccess.wa.gov) to sign in and renew your license.

Registered with SAW and need to **add our service**, [click here](https://fortress.wa.gov/wsgc/etransfer/OnlineServices/add_saw_service.pdf) for step-by-step instructions.

- Not registered** with SAW, [click here](https://fortress.wa.gov/wsgc/etransfer/OnlineServices/WSGC_SAW_Instructions.pdf) for step-by-step instructions. **You will need your Client Number and PIN to register for SAW.**

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